



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE

**AUCTIONEER COMMISSION**

DAVY CROCKETT TOWER 6<sup>th</sup> Floor  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-1152  
Phone: (615) 741-3236  
Fax: (615) 741-1245

[www.state.tn.us/commerce/boards/auction](http://www.state.tn.us/commerce/boards/auction)

(Questions 1 through 12 must be answered or application will be returned.)

**APPLICATION FOR AUCTIONEER LICENSE**

1. Name of Applicant \_\_\_\_\_  
(Please Print) (Social Security #)
2. Residence of Applicant \_\_\_\_\_  
(Street/Number) (City) (State) (Zip) (County)  
Home Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_
3. How long has Applicant lived at this address? \_\_\_\_\_  
List previous address \_\_\_\_\_
4. TN auction firm affiliation Name \_\_\_\_\_ Firm Number \_\_\_\_\_  
**Business mailing address** \_\_\_\_\_  
(Street/Number) (City) (State) (Zip) (County)  
Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
**Physical address of Business** \_\_\_\_\_  
(Street/Number) (City) (State) (Zip) (County)
5. Date and place of birth \_\_\_\_\_  
(Month) (Day) (Year) (City) (State)
6. What is the extent of your formal education? \_\_\_\_\_  
(High School/GED/College)
7. Have you graduated from an approved auction school? \_\_\_\_\_  
If so, give name of school and date graduated \_\_\_\_\_  
Time served as apprentice auctioneer \_\_\_\_\_
8. Have you ever held a license to engage in real estate brokerage business as:  
Broker \_\_\_\_\_ Where \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Sales \_\_\_\_\_ Where \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_
9. Has applicant ever had a real estate, an auctioneer, or an apprentice auctioneer license revoked, suspended, or been disciplined in this or any other State? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, attach a detailed statement.

10. Has anyone ever obtained a judgement against applicant, involving personal property or real estate, in any court or, have you ever been convicted of any criminal offense other than a minor traffic violation? YES\_\_\_\_ NO\_\_\_\_ If yes, attach a detailed statement.
11. What business, other than auctioneering, does Applicant expect to engage in?  
Name\_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_
12. Attach detailed list of Applicant's occupation for the past five (5) years, providing Employer, Street/Number, City, State, From / Until (Month/Year), and Telephone No. (List places where employed for sixty days or more, and account for entire time. If self employed, list nature of business and address of same.)

**APPLICANT AFFIDAVIT**

The undersigned, by submitting this application to the Tennessee Auctioneer Commission for a license to conduct auction business under the provisions of the Tennessee Auctioneer's License Act of 1967, as amended, swears (or affirms) that he/she has read and is thoroughly familiar with the provisions of the aforementioned Act, and agrees to fully comply. The undersigned further swears (or affirms) that all of the information given in this application is true to the best of his/her knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, the year of \_\_\_\_\_

**(SEAL)**

My Commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_

\_\_\_\_\_  
County

\_\_\_\_\_  
State

**(Required for Non-Tennessee Residents Only)**

**CONSENT FOR SERVICE OF JURISDICTION**

The undersigned individual, being an applicant for licensure as a non-resident Auctioneer or Apprentice Auctioneer in the State of Tennessee, does hereby irrevocably consent, stipulate and agree that any suits or actions arising out of the applicant's activities as an auctioneer or apprentice auctioneer in the State of Tennessee may be commenced against such applicant in the proper court of any county in the State of Tennessee by the service of any process or pleadings authorized by the laws of the State of Tennessee by the Administrative Director of the Tennessee Auctioneer Commission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

Subscribed and sworn to before me the \_\_\_\_\_ day of \_\_\_\_\_, the year of \_\_\_\_\_

My Commission expires \_\_\_\_\_

**(SEAL)**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County

\_\_\_\_\_  
State

IN-0410 (Rev.6/04)

**SEAL IS MANDATORY**